# Morbidity and Mortality

Weekly Report

# U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE

Prepared by the

COMMUNICABLE DISEASE CENTER

634-5131

For release March 27, 1964

ATLANTA, GEORGIA 30333

Vol. 13, No. 12

PROVISIONAL INFORMATION ON SELECTED NOTIFIABLE DISEASES IN THE UNITED STATES AND ON DEATHS IN SELECTED CITIES FOR WEEK ENDED MARCH 21, 1964

### RUBELLA

On the basis of reports from several local and State Health Departments in the various regions of the country, a nationwide epidemic of rubella (German measles) appears to be in progress A rise in reported cases was first noted late last fall in the northeast, with peak incidence being observed only during the past few weeks. The outbreak appears to have spread rapidly to the south and west. With the exception of Minnesota, all States queried have noted a marked rise in reported rubella cases. In general, increases were observed in January in the Mid-Atlantic and East North Central areas, and in February in the South Atlantic, East South Central, West South Central, and Mountain areas. Laboratory identification of the etiologic agent in specimens from typical cases has been accomplished in New York City, Philadelphia, and Cleveland; in

other areas, the diagnosis has been made on the basis of clinical characteristics of the illness.

Rubella is optionally reported on an annual basis to the Communicable Disease Center by several States. Statistics from 25 States and the District of Columbia for the past 10 years are summarized in the graph, page 94, which demonstrates the recent pattern of occurrence. The similarity of the patterns observed in the various geographic areas to that seen for the nation as a whole is of interest. The Pacific States (Washington and Oregon) demonstrate a curve similar in shape to that observed in other areas, but with fan arearent one-year shift to the right. A similar lag has been already erved previously in patterns of interest a occurrence.

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Table 1. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATE

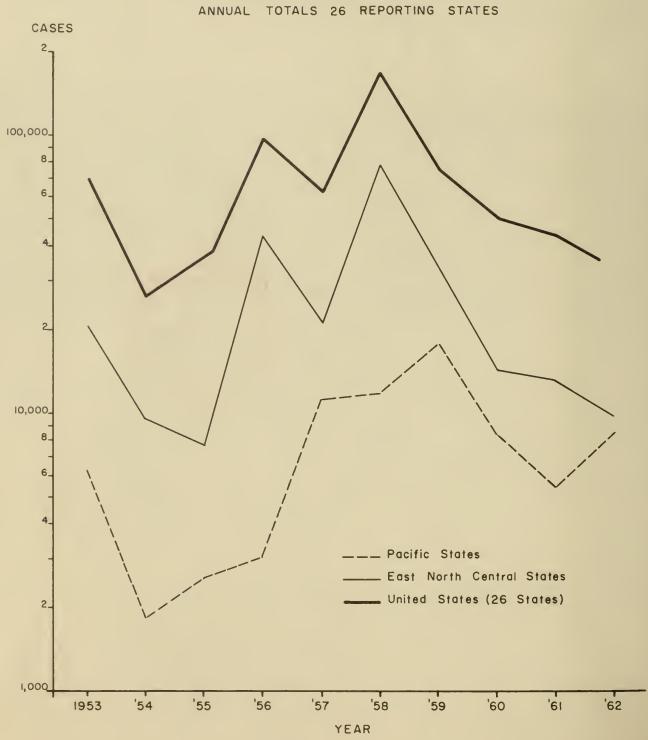
	12th We	ek Ended		Cumulat	lve, Verst 12	Weeks
Disease	March 21, 1964	March 23, 1963	Median 1959 - 1963	7964	1963	Median 1959 - 1963
Aseptic meningitis	28	14		312	268	
Brucellosis	6	11	11	84	76	117
Diphtheria	2	10	6	43	81	193
Encephalitis, primary infectious	27	7-28		363	7-271	
Encephalitis, post-infectious	14	J-28		124	J-2/1	
Hepatitis, infectious including						
serum hepatitis	935	908	908	11,285	12,960	12,960
Measles	16,892	14,746	15,519	108,045	129,117	136,645
Meningococcal infections	66	57	57	679	691	685
Poliomyelitis, Total	3	1	8	16	37	99
Paralytic	3	1	5	13	32	57
Nonparalytic	_	_		3	2	
Unspecified	-	-		-	3	
Streptococcal Sore Throat and						
Scarlet fever	11,062	11,199		127,578	120,080	
Tetanus	11,002	11,177		127,576	42	
Tularemia	2	1		68	48	
Typhoid fever	5	11	9	75	74	99
Rabies in Animals	112	90	95	928	785	923

Table 2. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax: Botulism: Leptospirosis: Malaria: N.Y. UP-State - 1, Calif 1 Plague:	1 6 5 21	Psittacosis: Mich 1, Calif 1 Rabies in Man: Smallpox: Typhus- Murine:	9 2
		Rky Mt. Spotted:	3

RUBELLA

UNITED STATES, 1953-1962



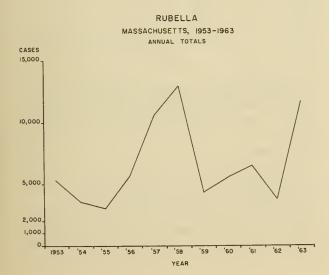
The clinical characteristics of the disease now occurring have varied somewhat within the spectrum of signs and symptoms classically described for rubella. The most frequently described as maculopapular, beginning first on the face and neck, with rapid progression to trunk, arms, hands, legs, and feet. Cervical, occipital, and postauricular lymphadenopathy has been a prominent feature in reported cases; while most patients have experienced mild fever, the maximum level has not been impressive. In some areas, arthralgia resembling that of rheumatoid arthritis has been noted. In general, the disease lasts 3-7 days and has been symptomatically mild. Most of the victims are children of school age, but cases have also occurred among pre-school children, as well as adults, although with a lower order of frequency. Prophylaxis with gamma globulin has been used widely in the first trimester of pregnancy and in a few instances physicians have elected to perform therapeutic abortion of pregnant females who experienced the disease.

Current epidemiologic reports of rubella from several States are included in this issue.

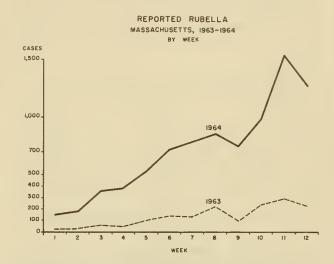
### NEW ENGLAND

### Massachusetts

Reports of rubella cases are about 5 times greater than for the comparable period of 1963, one of Massachusetts' high years for this disease. Rubella cases reported in Massachusetts during the past 11 years are shown in the graph below:



Thus far in 1964, 8417 cases of rubella are reported. For the comparable period of 1963, 1605 cases were reported. The following graph depicts rubella cases for each of the first 12 weeks of 1963 and 1964.



The illness has affected large numbers of teenagers and adults, as well as school children.

The epidemic appears concentrated in the eastern region of the state; considerably fewer cases are reported in the Berkshire (western) area. There is no normal increase in school absenteeism, nor is there an unusual demand for gamma globulin.

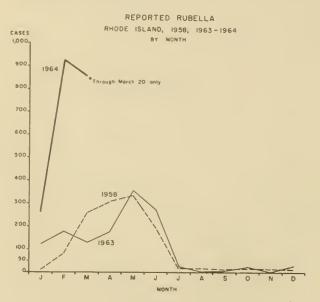
Clinically, the rash is more extensive in individual cases than seen in past epidemics, and is accompanied by the usual adenopathy; arthralgia is not an uncommon symptom, according to Dr. Louis Weinstein. The arthralgia is noted particularly in adolescent females, affecting the proximal interphalangeal joints, and occasionally the large joints, resembling rheumatoid arthritis. It appears usually as the rash disappears, and may persist for as long as one week.

(Reported by Nicholas J. Fiumara, M.D., M.P.H., Director, Communicable Diseases Massachusetts Department of Public Health, and Louis Weinstein, M.D., Professor of Medicine, Tufts University School of Medicine).

### Rhode Island

Thus far in 1964, Rhode Island has recorded 50 percent more cases of rubella than were reported during the entire year, 1963. The epidemic began in late December, and has mushroomed since. Whereas cases are occurring throughout the state, reporting is heaviest in Warwick,

Cranston and Providence. A graph of the reported rubella cases in Rhode Island for this year, 1963 and 1958 (the last epidemic year) is shown:



The disease appears to affect school age children, 6-10, primarily, but cases in university and college populations have accounted for about 8 percent of the state's total.

The demand for gamma globulin, specifically requested for known rubella contacts, has increased markedly. In February, 1963, 45 vials were requested for rubella contacts; 644 vials were dispensed this February. More than 600 vials were requested through March 20, compared with 126 for the entire month of March, 1963.

(Reported by James Bowes, M. D., Chief, Division of Epidemiology: Rhode Island State Health Department).

### MIDDLE ATLANTIC

### New York City

Rubella cases are reported at about 17 times the number for the comparable period one year ago, and the 1964 totals through March 20 almost equal the total number of cases (8,888) reported for 1955, the last epidemic year in New York City. Case reports increased last April, May and June, then declined to normal. The epidemic began in late fall, and case reports jumped markedly in January. A table comparing January-March, 1963-1964 follows:

	1964	1963
January	1441	67
February	3296	103
March	3825*	340
*Through March 20 only	8562°	340 510

Rubella virus was isolated from throat swabs of 8 cases of typical rubella in New York City by Dr. Robert Green and his associates at New York University School of Medicine by the interference technique in African green monkey kidney cultures. The virus was also isolated from nasopharyngeal secretions in some cases as early as 7 days prior to the appearance of the rash and as late as 14 days after resolution of the rash. Rubella virus was demonstrated also in 3 fetuses obtained from therapeutic abortions performed 8 to 28 days after illness in the mother. One patient had received gamma globulin the day of exposure, but she experienced clinical illness 20 days later.

(Reported by Dr. Harold T. Fuerst, Director, Bureau of Preventable Disease New York City Department of Health; Robert H. Green, M.D., Associate Professor of Medicine, Michael R. Balsama, M.D., Instructor in Medicine, Joan P. Giles, Research Associate Professor of Pediatrics, Saul Krugman, M.D., Professor of Pediatrics, and George Myrick, M.D., Professor of Medicine, New York University.)

### New Yark State

Reporting of rubella cases has shown a marked increase each month since November. The following table compares the cases reported from November to February during the past 3 years. (Figures exclude New York City).

	1963-1964	1962-1963	1961-1962
Nav.	135	58	54
Dec.	264	91	81
Jan.	1202	214	143
Feb.	3855	400	247

Although increased numbers of cases are reported throughout New York State, about 40 percent of February's cases occurred in Nassau County. The southern and eastern regions of the State also report large numbers of rubella cases.

The rubella outbreak has led to increased demands for gamma globulin for exposed expectant mothers.

(Reported by Robert M. Albrecht, M.D., Director, Epidemiology Division, New York State Department of Health).

### Pennsylvania

Large numbers of cases of an exanthamatous disease have been reported from several areas in Pennsylvania.

An interfering agent, presumably rubella virus, was isolated from 4 patients by the interference technique in primary African green monkey kidney tissue cultures at the Virus Diagnostic Laboratory, Children's Hospital, Philadelphia, the reference laboratory for the Department of Health, Commonwealth of Fennsylvania.

In Allegheny County rubella is epidemic, with more than 300 cases per week reported during March. The total number of cases reported thus far in 1964 has already exceeded the total reported for all of 1963, as shown in the following table listing the total cases reported annually since 1961:

	1964	1963	1962	1961
Total Cases	1425*	1202	650	571

<sup>\*</sup>through March 13 anly.

A minor epidemic was noted during the spring of 1963, resulting in 258 cases reported for March of that year. April was the peak month last year, with 358 cases reported.

This year's epidemic affects elementary school children primarily. The outbreak began in the highest socioeconomic area of the county and has spread concentrically from southwest to southeast. At present, few cases are reported north of the Ohio river. At the University of Pittsburgh, an outbreak of the disease has been observed among students. During the Christmas vacations, two students were exposed to German measles outside the county, and came down with the illness following return to school. Roommates of these two students subsequently developed the illness, followed in turn by 115 other classmates.

Gamma globulin distribution specifically for rubella has increased about 700 percent over that observed in preceding years but, to date, only one case of the illness has been reported in a pregnant woman.

(Reported by William D. Schrack, Jr., M.D., D.P.H., Director of Communicable Diseases, Pennsylvania Department of Health; Werner Henle, M.D., Director of Laboratories, and Ronald Altman, M.D., Virus Diagnostic Laboratory, Children's Hospital, Philadelphia; and Edwin Brown, M.D., Chief, Division of Disease Control, and Herbert R. Domke, M.D., Health Officer, Allegheny County Health Department).

### EAST NORTH CENTRAL

Ohio

An increase in the frequency of reported cases of rubella was noted first in Ohio in December 1963; reports have skyrocketed since. A table comparing cases reported during the period November through March with a similar period last year demonstrates this sharp rise:

	1963 - 1964	1962 - 1964
Navember	38	32
December	283	71
January	315	145
February	788	467
March	1,940*	623

<sup>\*1</sup>st 3 weeks only.

Although the illness has affected school age children primarily, about one percent of Ohio State University students have experienced rubella during this outbreak.

From 6 clinical cases, an interfering agent, presumably rubella virus, was isolated by the ECHO 11 interference technique in primary African green monkey kidney tissue cultures, according to Dr. Fred Heggie.

Rubella virus was serologically identified by Dr. Heggie, in specimens from a Cleveland nursing instructor whose clinical illness was accompanied by neutralizing titer rise from less than 1:2 to greater than 1:16. This patient experienced marked arthralgia in her hands. One of the other clinical cases from which an interfering agent was isolated occurred in a Lorraine County student, 50 percent of whose schoolmates developed clinical rubella within a two-week period. Further laboratory work involving tissue cultures of 47 throat swabs from Lorraine County cases or known contacts have failed to reveal evidence of enterovirus infection, including ECHO, Coxsackie B, and polio virus, according to Dr. Martha Lepow, Cleveland Metropolitan General Hospital.

(Reported by Dr. Harold A. Decker, M.P.H., Division of Communicable Diseases, Obio State Department of Health, Fred Heggie, M.D., Research Fellow in Pediatrics and Preventive Medicine, Western Reserve University; and Dr. Martha Lepow, Cleveland Metropolitan General Hospital).

### Illinois

Illinois has an 86 percent increase in reported rubella cases for January 1 – March 15, 1964, as compared with the same period of 1963. This increase is noted throughout the State, but especially in Kane, Lake, LaSalle, Logan, McLean, Piatt, Warren, and Henry Counties. These counties have reported more cases for the first 12 weeks of 1964 than for the entire year 1963 (see map below). Cook, Macon, and Winnebago Counties also have reported high incidences of rubella this year.



The disease is considered to be underreported in Illinois on the basis of requests for gamma globulin for pregnant females exposed to rubella

(Reported by Norman J. Rose, M.D., Chief, Bureau of Epidemiology, Illinois Department of Public Health).

### WEST NORTH CENTRAL

### Minnesoto

Rubella, which is not a reportable disease in Minnesota, does not appear to be unusually prevalent this year. In Minneapolis, 116 cases were reported to date, compared with 102 for the comparable period of 1963. A one to 3 percent increase in school absenteeism was noted earlier this month in St. Paul, where mumps and atypical rashes were noted

Viral studies from students at Carleton College, where an exanthematous disease occurred, have not identified a specific etiologic agent.

Although the State does not supply gamma globulin for pregnant females with known exposure to rubella, there has been no increase in calls concerning gamma globulin.

(Reported by D. S. Fleming, M.D., Director, Division of Disease Prevention and Control, Minnesota Department c of Health.)

### SOUTH ATLANTIC

### Marylond

More than twice as many cases are reported thus far in 1964 than during the entire year, 1963, in Maryland. Approximately 90 percent of this year's cases are reported from 6 counties, and over 50 percent of these are from the city of Baltimore and Baltimore and Prince Georges Counties.

In Baltimore County, about 15-20 percent of the 3400 students in 2 schools checked were affected. Adults in the same families and older schools teachers also experienced the same clinical illness. The disease is characterized by a mild rash spreading from the face over the trunk, a mild fever to 101°, post auricular and post occipital lymphadenopathy and has an equal sex and school grade distribution.

(Reported by John H. Janney, M.D., Acting Chief, Division of Epidemiology, Maryland State Department of Health.)

### North Carolina

Clinical rubella or rubella-like illness is prevalent in North Carolina, a spot check within that State indicates. Rubella is not an officially reported disease in North Carolina. At least 3 cities are affected. The outbreak began in mid-February, and continues strong in some areas while tapering in others. Physicians in most communities have diagnosed rubella clinically, but other physicians prefer the diagnosis of "viral exanthem."

Raleigh has experienced the epidemic for the past 6 weeks; it appears to be continuing. The illness is characterized by the rash; many victims also have post-auricular nodes and sore throat. There has been a high absenteeism rate in school students.

Greensboro has been affected for 4 weeks. Chief victims are elementary school children, but University of North Carolina student nurses and some 50-and 60-year olds were noted to have the same disease. The rash lasts 3 days; in some it is noted to fade, then return for another day. The illness is definitely not erythema infectiosum, according to the physicians.

In Asheville, a similar illness has occurred during the past 4 weeks, but physicians have not diagnosed it as rubella. Many victims have experienced arthritis; occasional cases of encephalitis have been observed.

Camp Lejeune doctors have noted typical rubella at that Marine base.

(Reported by Fred T. Foard, M.D., Director of Epidemiology, and Jacob Koomen, M.D., M.P.H., Assistant Secretary and State Health Director, North Carolina State Board of Health.)

### Georgia

In the metropolitan Atlanta area physicians report a marked increase in incidence of a rash disease similar in most patients to rubella. In Dekalb County a telephone survey of public school principals was performed to determine the extent of "rash disease" in the community. Although average daily attendance was not significantly different from 1963, it was found that a large percentage of absenteeism was attributed to this rash disease.

Fifteen of 20 elementary schools reported the presence of the illness. Principals in these schools estimated approximately 75 percent of their absenteeism was secondary to this disease. In these elementary schools 26 teachers (all females) were affected.

Among high schools surveyed four of six had rash illness among the pupils but it was considered to be causing less than 10 percent of absenteeism at present. Four high school teachers had contracted the rash illness.

Scattered outbreaks were reported to have occurred before February 1964 but the disease first became apparent in the community during the week of February 23.

Elementary and high schools were affected simultaneously. County health department records of gamma globulin administered to pregnant women for possible rubella exposures indicated a marked increase during that same week.

Week of Onset of Rosh Illness in DeKolb County
Elementory Schools and Number of Doses of Gommo Globulin
Administered by the Heolth Deportment to Pregnant Women
for Possible Rubello Exposure

				Week	Stortin	g _		
	Befo 2/2	2/2	2/9	2/16	2/23	3/1	3/8	3/15
Schools Affected		1			4	3	7	?
Gommo Globulin Administration	1	0	0	1	6	8	7	9

In most elementary schools the disease first appeared in the lower grades Eight of 14 elementary schools reported either the first or second grades to be first affected.

Elementory School Grodes First Affected by Rash Illness, DeKolb County, Geargio

		School Grode	
	1st ond 2nd	3rd 4th and 5th	6th ond 7th
Number Affected	8	2 2	2

The estimated duration of illness as reported by the school principals generally varied from two to five days for both pupils and teachers. Among Negro patients duration of illness was 9 days to 2 weeks in several cases.

The three colleges in the area have had only scattered cases prior to spring vacation.

(Reported by Dr. W. J. Murphy, Director, Epidemiologic Investigations Branch, Georgia Department of Public Health, Dr. T. O. Vinson, Director of Public Health, DeKalb-Rockdale District, Dr. Marion S. Dressler, DeKalb County Health Department).

### EAST SOUTH CENTRAL

### Kentucky

About 60 percent more rubella cases are reported thus far in 1964 in Kentucky. For the first 12 weeks of 1964, 730 cases were reported; 461 cases were reported for the comparable period a year ago.

The outbreak is scattered throughout the entire State, although not every county has reported increased numbers. The cases are reported in school and pre-school age children primarily.

The demand for gamma globulin is the greatest ever in the State.

(Reported by J. Clifford Todd, M.P.H., State Epidemiologist, Kentucky Department of Health.)

### Tennessee

Rubella is reported in at least 6 counties, predominantly in eastern Tennessee. Most severely hit is Roane County (population 40,712), 35 miles west of Knoxville.

The illness appeared first in late January and peaked during the last 2 weeks in February In Roane County the outbreak boosted absenteeism to 20 percent, resulting in the closing of 6 schools; all but one have reopened. The illness is concentrated in the elementary school group; infrequent cases occur in pre-school and adult age groups.

Clinically, it is characterized by a pruritic maculopapular rash, accompanied by mild fever and palpebral conjunctivitis, as well as post-cervical, post-occipital and post-auricular lymphadenopathy. No other unusual adenopathy and no splenomegaly are observed. The rash characteristically is noted first on the face and neck, with progression to the hands and feet; resolution occurs in the same sequence. The duration of illness usually is 2-4 days, during which time the patients are only mildly symptomatic. Several children have reported one or 2 recurrences within a 4 week period.

The disease has not been reported in Memphis or western counties. None of the other areas involved has been affected as severely as Roane County.

Reported by Cecil B. Tucker, M.D., M.P.H., Director, Preventable Diseases, Tennessee Department of Public Health.)

### WEST SOUTH CENTRAL

### Lauisiana

The 3 parish metropolitan New Orleans area has noted a sharp increase in the occurrence of rubella cases, which started apparently during the week ended February 17. While rubella is not a reportable disease in Louisiana, practicing pediatricians estimate the present outbreak to be more extensive than any observed in the past 2 decades.

The State Health Department has noted a brisk increase in requests for gamma globulin. During March, 1963, 342 cc. of the substance were dispensed, whereas, already to date this month, 984 cc. were distributed. Demands for the serum remain heavy. The great bulk of of this increase is believed due to requests for rubella prophylaxis in pregnant females, since hepatitis case reporting is about the same as last year. (Gamma globulin requests characteristically are primarily for prophylaxis of these 2 diseases.)

To date, no apparent increase in rubella cases has been noted in the Shreveport metropolitan area in western (Reported by C. T. Caraway, D.V.M., M.P.H., Assistant Chief, Fpidemiology Section, Louisiana State Board of Health).

### MOUNTAIN

### Calarada

Rubella became epidemics in Colorado in late January. The total number reported through the 11th week (1730 cases) exceeds the total for 1963 (1219 cases).

A graph of Colorado's reported cases since 1947 is shown on the opposite page.

In 1959, rubella cases increased in March, so the 2 epidemics are not as yet comparable.

(Reported by Cecil S. Molloban, M.D., M.P.H., Chief of Epidemiology, Colorado State Department of Public Health.)

### PACIFIC

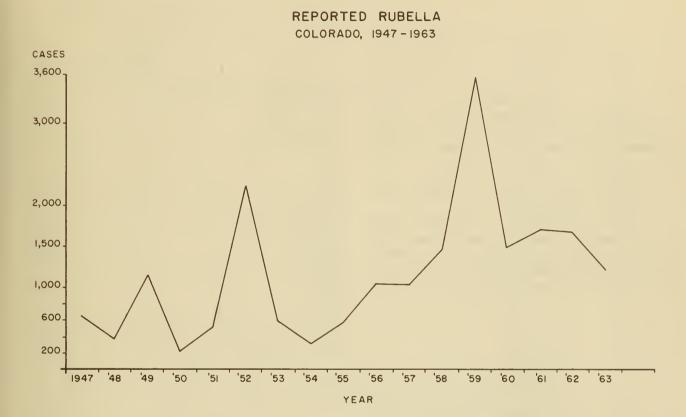
### Washington

Rubella does not appear to be epidemic in the State of Washington. Case reports are slightly higher than one year ago, but are not comparable to the peak year, 1959, when 10,625 cases were reported.

(Reported by Ernest A. Ager, M.D., Chief, Communicable Disease Control, Washington State Department of Health).

# INFLUENZA

Pneumonia and influenza deaths in 12 reporting reporting cities in the Pacific Coast region increased only slightly during the past week (90 deaths reported as compared to 88 during the previous week). This figure has remained above the epidemic threshold during the past 5 consecutive weeks, however. Pneumonia and influenza deaths in 108 cities representing the country as a whole were below threshold during the past week. Regions other than the Pacific Coast have shown no sustained elevations.



### Californio

During the past week, serologic evidence of influenza A, virus infection was obtained in 12 sporadic cases, representing widely separated areas in northern California. To date, a total of 34 serologically confirmed cases have been reported from 10 counties - all but two of these counties lying in the northern part of the State. (In addition to the 12 confirmed cases reported this week, a total of 22 cases were confirmed serologically in two recent institutional outbreaks. See MMWR, Vol. 13, p. 86.) No clearcut community-wide epidemics observed in the State thus far this year, although several areas in northern California have noted an increasing incidence of influenza-like disease during recent weeks, accompanied in some instances by moderately elevated school absenteeism. This trend has been observed in several communities in Humboldt County, as well as in the San Francisco Bay area.

(Reported by Philip K. Condit, M.D., Chief, Bureau of Communicable Disease State Department of Health, Berkeley, California.,

### Oregon

A total of 4,224 cases of influenza-like disease were reported to State health officials in Portland during the past week. Benton, Josephine, and Umatilla counties were the areas showing greatest increase in case reports during this period. The Portland metropolitan area has experienced only mild involvement to date. Serologic studies performed at the Oregon State laboratories have thus far implicated influenza  $\boldsymbol{A}_2$  virus in 8 cases seen during recent outbreaks.

(Reported by Dr. Grant Skinner, Director, Epidemiology Section, State Board of Health, Portland, Oregon.)

### WASHINGTON

Recently described outbreaks of influenza-like disease are currently subsiding in most affected areas in the State.

(Reported by Emest A. Ager, M.D., Chief, Division of Epidemiology, State Department of Health, Olympia, Washington.)

# REPORTED CASES OF POST-INFECTIOUS ENCEPHALITIS FOR FEBRUARY

4 Weeks Ending 2/8, 2/15, 2/22, 2/29

### **ENCEPHALITIS**

A total of 51 cases of post infectious encephalitis were reported during February (See table right). This compares with 25 cases reported for January (See MMWR. Vol. 13, p. 46).

Mumps was the chief inciting cause, accounting for 39 cases (76 percent) in February. In January, mumps cases totalled 22 (88 percent).

Reports of unspecified post infectious encephalitis are included in the category of primary encephalitis. The monthly summary lists only those cases for which an etiology has been specified, either at the time of the report to CDC, or by later communication.

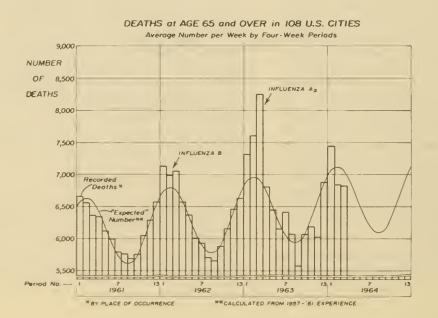
		INCI	TING CA	USE	_
REPORTING AREA	Mumps	Chickenpax	Measles	German Measles	Pertussis
NEW ENGLAND					
Massachusetts	1				
MIDDLE ATLANTIC					
New York Up-State	4	1		2	
Pennsylvania	2				
EAST NORTH CENTRAL					
Ohio	3	1	1		
Illinais	9		3		
Michigan	3				
SOUTH ATLANTIC					
Florida	1				
EAST SOUTH CENTRAL					
Tennessee	1				
WEST SOUTH CENTRAL					
Arkonsos	1				1
MOUNT AIN					
Wyoming	1				
PACIFIC					
Washington	3		1		
Oregan	2				
California	8	1	1		
U. S. TOTAL	39	3	6	2	1

(States not reporting a case not listed)

# SUMMARY OF DEATHS AMONG PERSONS 65 YEARS AND OVER IN 108 U.S. CITIES

The weekly average number of deaths among persons 65 years and over in 108 cities for the four-week period ending March 21 was 6,826 as compared with an expected weekly average of 7,070.

		Week	Ending	9		
	2/29	3/7	3/14	3/21	4 Week Tatal	Weekly Average
Observed	6,883	6,912	6,837	6,671	27,303	6,826
Expected	7,107	7,087	7,060	7,026	28,280	7,070
Excess	- 224	_ 175	- 223	- 355	- 977	- 244



(See table, page 107)

# SUMMARY OF REPORTED CASES OF INFECTIOUS SYPHILIS

FEBRUARY 1964 - FEBRUARY 1963

CASES OF PRIMARY AND SECONDARY SYPHILIS: By Reporting Area February 1964 and February 1963 - Provisional Data

Reporting Area	February	ary	Cumulative Jan Fe	ative Feb	Reporting Area	February	ary	Cumul Jan	Cumulative Feb
	1964	1963	1964	1963		1964	1963	1964	1963
NEW ENGLAND	39	32	82	75	EAST SOUTH CENTRAL	114	109	227	221
Maine	•	1	1	1	Kentucky	13	12	19	21
New Hampshire	2	1	က	2	Tennessee	777	33	72	20
Vermont	•	1	•	•	Alabama	51	47	120	102
Massachusetts	22	13	53	37	Mississippi	9	17	16	28
Khode Island	2	1	7	က					
Connecticut	13	16	22	32	WEST SOUTH CENTRAL	231	214	410	459
					Arkansas	18	10	32	30
MIDDLE ATLANTIC	490	455	881	984	Louisiana	20	56	66	105
Upstate New York	55	39	112	85	Oklahoma	00	13	17	37
New York City	294	268	504	574		155	135	262	287
Pa. (Excl. Phila.)	11	10	23	24					
Philadelphia	35	62	56	126	MOUNTAIN	97	48	95	86
Wew Jersey	95	92	186	175	Montana	1	ı	1	1
					Idaho	1	,	m	1
EAST NORTH CENTRAL	187	146	384	302	Wyoming	5	c	- 10	m
Ohio	55	34	107	61	Colorado	•	2	-	12
Indiana	3	m	15	6	New Mexico	26	10	50	18
Downstate Illinois	16	11	26	21	Arizona	12	23	25	39
Chicago	69	99	137	149	Utah	,	•	4	, m
Michigan	39	29	91	56	Nevada	1	7	9	11
Wisconsin	5	m	80	9					
			,	,	PACIFIC	206	187	677	393
WEST NORTH CENTRAL	99	33	115	89	Washington	) 	13	11	30
Minnesota	17	7	24	13	Oregon	6	2	17	7
Iowa	1	n	9	c	California	191	168	414	350
Missouri	32	13	52	26	Alaska		-	· m	2
North Dakota	•	1	•		Hawaii	2	· «	7	7
South Dakota	7	2	13	ĸ		1	)		-
Nebraska	6	9	15	10	U. S. TOTAL	1.943	1.631	3.756	3.527
Kansas	1	5	5	11					
					TERRITORIES	89	53	133	109
SOUTH ATLANTIC	566	407	1,113	939		99	52	129	105
Delaware	6	m	21	13	Virgin Islands	7		7	7
Maryland	42	42	80	90					
District of Columbia	67	52	95	115					
Virginia	15	26	51	51					
West Virginia	c	~	7	9					
North Carolina	96	78	161	138	Note: Cumulative Totals include revised and delayed remorts	s include	revised a	nd delayed	40404
South Carolina	98	53	146	114		monthe		יים הכדים כיי	reportes
Georgia	80 8	) v	185	155	בווז מתפון לובא דמתם	IIIOIIIEIIS.			
Florida	150	123	220	757					
	170	771	2/0	167					

## Table 3. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDED

MARCH 21, 1964 AND MARCH 23, 1963 ( 12th WEEK)

									1			
	Asep	otic		halitis								
Area	Menir	ngitis	Primary	Post-Inf.	Pol	lomyelitis	, Total C	ases	Po:	liomyeliti	s, Paraly	/tic
Aled							Cumu	lative			Cumu	lative
	1964	1963	1964	1964	1964	1963	1964	1963	1964	1963	1964	1963
UNITED STATES	28	14	27	14	3	1	16	37	3	1	13	32
NEW ENGLAND	1 -		_	-	_	_	_	-	_	-	_	-
New Hampshire	_						_			_		-
Vermont	-	-	-	-	-	-	-	-	-	-	-	_
Massachusetts	1	-	-	- 1	-	-	-	-	-	-	-	-
Rhode Island	-	-	-	-	-	-	-	-	-	-	-	-
Connecticut	-	-	-	- !	-	-	-	-	-	-	-	-
MIDDLE ATLANTIC	1	1	7	3	1	_	4	5	1		4	5
New York City	-	-	3	-	1	-	1	-	1	-	1	_
New York, Up-State.	1	-	-	2	-	-	2	4	-	-	2	4
New Jersey	-	-	4	<u> </u>	-	-	1	-	-	-	1	-
Pennsylvania	-	1	-	1	-	-	-	1	-	-	-	1
EAST NORTH CENTRAL	5	3	3	3	-	-	1	9	-		1	7
Ohio	-	1	-	1	-	-	-	2	-	-	-	i
Indiana	-	-	2	-	-	-	-	-	-	-	-	-
Illinois	1	1	-	2	-	-	1	5	-	-	1	4
Michigan	3	1	-	-	_	-	_	2	-	-	_	2
WISCOMSIN	1	-	1	-	-	-	-	-	-	-	-	
WEST NORTH CENTRAL	2	-	5	-	_	-	-	1	-	-	-	1
Minnesota	2	-	5	-	-	-	-	1	-	-	-	1
Iowa	-	-	-	-	-	-	-	-	-	-	-	-
Missouri North Dakota	-	-	-	-	-	-	-	-	-	-	-	-
South Dakota	-	_	-	-	_	_		] [	_	-		-
Nebraska	_	_	_			[			_			
Kansas	-	-	-	-	-	_	-	-	-	-	_	
SOUTH ATLANTIC	1	2	3	-	1	-	9	3	1	-	6	2
Delaware	-	-	-	-	-	-	-	-	-	-	-	-
Dist. of Columbia	_	1	_				-	-	-			_
Virginia	-	_	-		_	_	_	_	-		_	_
West Virginia	1	-	-	-	-	-	-	-	-	-	-	-
North Carolina	-	-	1	-	1	-	4	2	1	-	1	2
South Carolina		1	-	-	-	-	1	-	-	-	1	-
Georgia		_	-	-	-	-	1	1	-	-	1	-
110110011111111111111111111111111111111	-	-	2	-	-	-	3	-	-	•	3	•
EAST SOUTH CENTRAL	7	1	1	1	-	_	-	2	-	-	-	1
Kentucky	-	-	1	-	-	-	-	-	-	-	-	-
Tennessee	2	-	-	1	-	-	-	-	-	-	-	-
Alabama	-	1		-	-	-	-	2	-	-	-	1
112322331pp1	-	-	-	-	-	-	-	-	-	-	-	-
WEST SOUTH CENTRAL	3	-	-	1	-	-	-	9	_	-	_	9
Arkansas	-	-	-	1	-	-	-	-	-	-	-	-
Louisiana	-	-	-	-	-	-	-	8	-	-	-	8
Oklahoma Texas	3	-	-	-	-	-	-	-	-	-	-	-
	3	•	•	-	-	-	-	1	•		-	1
MOUNTAIN	2	-	-	-	1	-	1	1	1	-	1	1
Montana	1	-	-	-	-	-	-	-	-	-	-	-
Idaho	-	-	-	- 1	-	-	-	1	-	-	-	1
Wyoming	-	-	-	-	-	-	-	-	- 1	-	-	-
New Mexico	1 -		-	-	1 -	-	1 -	_	1 -	-	1 -	
Arizona	-	_	_		_	_			_	-	_	_
Utah	-	-	-	-	-	-	-	-	-	-	-	-
Nevada	-	-	-	-	-	•	-	-	-	-	-	-
PACIFIC												
Washington	6 -	7 -	8 -	6	-	1	1 -	7	-	1	1 -	6 1
Oregon		-	2	-	_	_	_	1		_	_	1
California	6	7	5	4	-	1	1	5		1	1	4
Alaska	-	-	1	-	-	-	-	-	-	-	-	-
Hawaii	-	-	-	1	-	-	-	-		-	-	-
Puerto Rico		-	-	_	_	2	_	2		2		2

Table 3. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDED

MARCH 21, 1964 AND

MARCH 23, 1963 ( 12th WEEK) - Continued

							T - 6 1 -	- 111	1 -			
	Brucellosis Diphtheria			Infectious Hepatitis including Serum Hepatitis						Typhoid Fever		
Area		1				Under	20 years	Age				
		Cum.		Cum.	Total	20 years			Cumu1	ative		Cum.
	1964	1964	1964	1964	1964	1964	1964	1964	1964	1963	1964	1964
UNITED STATES	6	84	2	43	935	474	412	49	11,285	12,960	5	75
NEW ENGLAND	_	_	_	1 -	83 27	37	18	2	1,298	1,642 753	-	6
New Hampshire	-	-	-	-	3	1	2	-	117	110	-	-
Vermont	_	_	-	- 1	19 11	14	3 7	2	159 241	23	_	-
Rhode Island	_		-	-	9	4	5	_	56	493	_	3
Connecticut	-	-	-	-	14	5	9	-	259	226	-	-
MIDDLE ATLANTIC	_	1	_	4	216	97	119	-	2,511	2,518	-	11
New York City	-	-	-	1	52	15	37	-	363	283	-	2
New York, Up-State. New Jersey	-	_		- 2	84 36	46	38 29	_	1,143	1,157		3
Pennsylvania	-	1	-	1	44	29	15	-	605	695	_	6
EAST NORTH CENTRAL	1	12	_	6	150	88	66	4	1 664	2 062	2	14
Ohio	-	13	]	-	158 36	16	18	2	1,664	2,062 615	3 2	16 13
Indiana	-	1	-	-	10	5	5	-	137	174	1	2
Illinois	-	10	-	6	40 63	21 39	19 24	-	258 723	436 726	-	1 -
Wisconsin	1	2	-	-	9	7	-	2	89	111	-	-
WEST NORTH CENTRAL	1	45	_	8	62	31	19	12	715	561	2	9
Minnesota	-	2	_	1	11	6	4	1	52	102	-	-
Iowa	1	21	-	-	2	1	-	1	106	92	1	3
Missouri North Dakota	-	4	-	-	25	9	12	4	179 32	240	1 -	2
South Dakota	-	8	-	-	3	1	2	-	78	15	-	1
Nebraska Kansas	-	8	_	- 7	1	14	1 -	- 6	17	41	-	-
Ratisas	_	1	-	, ,	20	14	_	0	251	60	-	3
SOUTH ATLANTIC	2	6	1	10	82	47	32	3	1,082	1,393	-	16
Delaware Maryland	_	_	_		15	6	9	_	14 196	21 152	-	_
Dist. of Columbia	-	-	-		3	1	2	-	22	49	-	-
Virginia West Virginia	-	2	-	-	10 24	6 21	3	1 2	162 204	316 203	-	2
North Carolina	-	1	-	-	10	7	3	-	203	378	-	9
South Carolina	-	-	1	3	2	1	1	-	36	61	-	1
Georgia Florida	2	2 1		5 2	4 14	1 4	3 10		24 221	48 165	_	4
FACE COMMIT COMMITTEE												
EAST SOUTH CENTRAL Kentucky	1 -	3 -	1 -	4	52 13	38 10	14	_	760 342	1,307 39 <b>5</b>	_	9
Tennessee	-	-	-	1	19	13	6	-	254	489	-	4
Alabama	1	2 1	1	2 1	12	10 5	2	-	107 57	209 214	-	1
	-	1	1	1	8	3	3		3'	214		_
WEST SOUTH CENTRAL Arkansas	-	4	-	5	87	49	35	3	799	848	-	4
Louisiana		1 1	-	- 2	10 10	7 8	3 2		99 150	111	_	1 -
Oklahoma	-	1	-	-	4	2	2	-	47	51	-	3
Texas	-	1	-	3	63	32	28	3	503	547	-	-
MOUNTAIN	-	7	-	-	48	18	6	24	764	961	-	-
Montana	-	-	- [	-	3	1	1	1	66	150	-	-
Wyoming	-	-	-	-	3 2	2	_	3 -	58 31	145	-	-
Colorado	-		-	-	19	8	4	7	220	205	-	-
New Mexico Arizona	-	1	-	-	9 11	7 -	-	2 11	133 162	116 216	-	
Utah	-	5	-	_	1	_	1	-	71	111	-	-
Nevada	-	-	-	-	-	-	-	-	23	9	-	-
PACIFIC	1	5	-	5	147	69	77	1	1,692	1,668	-	4
Washington Oregon	-	-	-	5	14	5	9	-	179	273	-	-
California	1	5		-	6 123	60	63	-	176 1,239	249 1,099	_	- 4
Alaska	-	-	-	-	1	-	-	1	56	38	-	-
Hawaii					3	1	2	-	42	9	-	-
Puerto Rico	-	-	2	3	12	9	3	-	129	139	-	5

# Morbidity and Mortality Weekly Report

Table 3. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDED

MARCH 21, 1964 AND MARCH 23, 1963 ( 12th WEEK) - Continued

		Meningococcal			Streptococcal Sore Throat and						Rabies in	
Area			eningitis		Scarlet Fever		Tetanus		Tularemia		Animals	
*******			Cumul	ative				Cum.		Cum.		Cum.
	1964	1964	1964	1963	1964	1963	1964	1964	1964	1964	1964	1964
UNITED STATES	16,892	66	679	691	11,062	11,199	2	44	2	68	112	928
NEW ENGLAND	1,144	3	21	50	1,331	1,276	-	-	-	-	-	1
Maine New Hampshire	50 47	1	2 -	9 2	12	39	-	-	_	-	_	1
Vermont	58	-	-	1	16	45	-	-	-	-	-	-
Massachusetts	786 71	2	10	20	168 217	174 79	_	-	-	-	-	_
Rhode Island Connecticut	132	-	7	12	876	936	-	-	-	-	-	-
MIDDLE ATLANTIC	2,386	5	68	93	742	806	_	-	-	_	1	20
New York City	7 52	1	10	10	47	52	-	-	-	-	-	-
New York, Up-State. New Jersey	616 506	4 -	25 14	30 15	94	385 188	_	-	-	_	1 -	19
Pennsylvania	512	-	19	38	157	181	-	-	-	-	-	1
EAST NORTH CENTRAL	5,110	9	111	117	2,023	1,444	1	5	-	7	7	87
Ohio	1,246	3	36	31	626	311	-	1	-	1	5	44
Indiana	1,562	3 2	16 24	16 18	246 185	113 208	1 -	1 2	_	4	1 1	7 12
Michigan	944	1	29	36	575	373	-	1	-	1	-	9
Wisconsin	717		6	16	391	439	-	-	-	1	-	15
WEST NORTH CENTRAL	609	9	35 8	40	497	371	-	2	-	21	39	290
Minnesota	21 378	-	2	8	43 120	109	_	_	-	1 1	11	87 95
Missouri	72	8	17	19	159	16	-	2	-	13	12	62
North Dakota South Dakota	131	-	3 -	1 2	96 59	170	_	-	_	_	2	15 18
Nebraska	7	-	1	8	-	1	-	-	-	-	-	8
Kansas	NN	-	4	1	20	35	-	-	-	6	-	5
SOUTH ATLANTIC	1,938	12	157	146	1,072	881	-	17	-	10	17	167
Delaware	30 144	-	12	23	12 68	7 47	_	- 1	_	_	-	_
Dist. of Columbia	28	1	4	3	11	-	-		-	-	-	
Virginia West Virginia	518 269	1	13 13	36	296 440	297 257	-	1 -	_	3	12	121 7
North Carolina	42	-	26	24	42	53	-	7	-	1	-	2
South Carolina Georgia	190	3	18 14	10 8	66	35 33	-	2	-	6	1	16
Florida	707	7	55	32	128	152	-	6	-	-	4	21
EAST SOUTH CENTRAL	1,933	7	55	52	1,438	1,416	1	6	1	16	12	150
Kentucky	532	2	10	16	166	52	-	-	-	1	1	20
Tennessee	1,059	1	25 10	25 7	1,212	1,251 57	1 -	3	1	11	11	127
Mississippi	314	3	10	4	49	56	-	-		1	-	-
WEST SOUTH CENTRAL	97	4	53	71	439	1,061	-	7	-	10	24	147
Arkansas Louisiana	42 13	4	4 46	5 24	6	10 6	-	1 3	- '	1 -	3 4	38 15
Oklahoma	42	-	3	15	70	25	_	-	_	9	4	14
Texas	- :	-	-	27	357	1,020		3	-	-	13	80
MOUNTAIN	968	3	32	23	1,982	2,464	-	2	1	4	9	37
Montana	179   75	-	1	-	98 89	50 202	-	_	_	1	-	-
Wyoming	3	-	1	1	20	92	-	1	-	1	-	-
Colorado New Mexico	282 32	- 3	7 16	5 2	1,058 319	1,283 445	-	- 1	-	-	- 3	20
Arizona	266	-	2	5	142	262	-	-	-	-	6	17
Utah Nevada	36 95	-	1 4	9	256 -	130	-	-	1 -	2 -	-	-
PACIFIC	2,707	14	147	99	1,538	1,480	-	5	_		3	29
Washington	926	-	13	11	329	647	-	-	-	-	-	-
Oregon	301 1,407	12	122	4	44	26 731	-		-	_	3	- 29
Alaska	1,407	12 1	122	79 4	995 113	731 58	-	5	-	-	3 -	-
Hawaii	9	1	4	1	57	18	-	-		-	-	•
Puerto Rico	301	-	8	-	10	2	2	16	-	-	-	2

Table 4 (D). TOTAL DEATHS AMONG PERSONS 65 YEARS AND OVER IN REPORTING CITIES

(Tables 4(A), 4(B), 4(C), and 4(D) will be published in sequence covering a four-week period.) O

	For weeks ending					For weeks ending			
Area				0 /01	Area	For weeks ending			
	2/29	3/7	3/14	3/21		2/29	3/7	3/14	3/21
NEW ENGLAND:					SOUTH ATLANTIC:				
Boston, Mass	134	166	137	147	Atlanta, Ga	58	55	62	61
Bridgeport, Conn	28	20	19	20	Baltimore, Md	131	151	138	120
Cambridge, Mass Fall River, Mass	16 23	18 21	15 19	18 25	Charlotte, N.C Jacksonville, Fla	13 43	23 57	21 20	18 27
Hartford, Conn	40	19	22	29	Miami, Fla	41	61	44	49
Lowell, Mass	11	17	15	12	Norfolk, Va	26	30	16	19
Lynn, Mass	22	19	24	19	Richmond, Va	53	62	51	45
New Bedford, Mass	15	16	20	18	Savannah, Ga	22	26	18	12
New Haven, Conn  Providence, R.I	29 42	21	30 44	30 32	St. Petersburg, Fla	75	75	65	63
Somerville, Mass	3	8	9	9	Tampa, Fla	46 105	47 96	38 88	101
Springfield, Mass	31	25	31	34	Wilmington, Del	22	14	23	15
Waterbury, Conn	20	18	17	16					
Worcester, Mass	35	48	40	42	EAST SOUTH CENTRAL:				1
MIDDLE ATLANTIC:					Birmingham, Ala	47	57	55	48
Albany, N.Y	11	24	18	39	Chattanooga, Tenn Knoxville, Tenn	36 22	31 17	27 19	32
Allentown, Pa	21	19	18	21	Louisville, Ky	59	74	80	71
Buffalo, N.Y	80	83	88	87	Memphis, Tenn	83	54	69	61
Camden, N.J	26	30	25	22	Mobile, Ala	31	26	28	23
Elizabeth, N.J	22	25	13	11	Montgomery, Ala	20	18	17	16
Erie, Pa	25 29	29 47	26 39	20 44	Nashville, Tenn	62	58	51	49
Newark, N.J	53	44	46	47	WEST SOUTH CENTRAL:		•		
New York City, N.Y	1,024	1,016	1,020	989	Austin, Tex	26	20	19	29
Paterson, N.J	17	29	16	20	Baton Rouge, La	15	9	18	14
Philadelphia, Pa	312	333	336	286	Corpus Christi, Tex	11	15	12	7
Pittsburgh, Pa	106 41	101 42	101 33	109 26	Dallas, Tex El Paso, Tex	67 11	74 26	78 19	67
Rochester, N.Y	67	68	79	79	Fort Worth, Tex	44	26	34	37
Schenectady, N.Y.,	16	14	15	18	Houston, Tex	113	75	94	85
Scranton, Pa	26	31	43	25	Little Rock, Ark	38	26	33	26
Syracuse, N.Y	50	39	44	29	New Orleans, La	109	98	88	93
Trenton, N.J	18 17	16 20	31 21	25 17	Oklahoma City, Okla	42	52	35	38
Yonkers, N.Y	14	16	13	26	San Antonio, Tex	59 28	67 38	52 25	61
· ·					Tulsa, Okla	26	43	40	10
EAST NORTH CENTRAL:									
Akron, Ohio	36	37	34	26	MOUNTAIN:				
Canton, Ohio	19 389	32 407	24 384	10 371	Albuquerque, N. Mex	10	20	21	15
Cincinnati, Ohio	119	104	98	90	Colorado Springs, Colo Denver, Colo	12 92	15 71	72	11 54
Cleveland, Ohio	111	148	94	112	Ogden, Utah	13	11	13	11
Columbus, Ohio	62	87	56	54	Phoenix, Ariz	68	52	64	58
Dayton, Ohio	58	47	57	46	Pueblo, Colo	7	6	5	12
Detroit, Mich Evansville, Ind	184	191 20	182 25	167 27	Salt Lake City, Utah	25	24	30	29*
Flint, Mich	26 <sub>.</sub> 21	22	26	28	Tucson, Ariz	40	36	27	20
Fort Wayne, Ind	27	15	23	20	PACIFIC:				
Cary, Ind	14	14	18	10	Berkeley, Calif	19	16	11	12
Grand Rapids, Mich	35	31	36	34	Fresno, Calif	21	30	22	25
Indianapolis, Ind Madison, Wis	89 24	82 17	83 15	82 22	Glendale, Calif	39 14	36 19	20	17 20
Milwaukee, Wis	84	80	102	73	Long Beach, Calif	35	49	44	47
Peoria, Ill	20	14	23	12	Los Angeles, Calif	288	322	355	358
Rockford, Ill	16	19	18	13	Oakland, Calif	49	57	73	65
South Bend, Ind	21	31	21	31	Pasadena, Calif	23	21	22	27
Toledo, OhioYoungstown, Ohio	53 42	72 31	62 31	55 37	Portland, Oreg	105	68	103	56
, опто	42	31	31	31	Sacramento, Calif San Diego, Calif	36 60	43 47	51	54 54
WEST NORTH CENTRAL:					San Francisco, Calif	121	114	133	168
Des Moines, Iowa	40	38	34	56	San Jose, Calif	22	28	34	38
Duluth, Minn	14	16	17	21	Seattle, Wash	87	100	89	111
Kansas City, Kans Kansas City, Mo	19	26	19	25	Spokane, Wash	34	34	39	34
Lincoln, Nebr	107 12	79 25	73 15	72 23	Tacoma, Wash	23	34	29	37
Minneapolis, Minn	83	76	72	82	San Juan, P.R	11	8	10	()
Omaha, Nebr	42	54	43	39	, , , , , , , , , , , , , , , , , , , ,				<u> </u>
St. Louis, Mo	173	113	144	150	0				
St. Paul, Minn	37 45	45 44	48	48	Current Week Mortality fo	or 108 Se	lected C	ities	
	4,7		33	44	4(A) Total Mortality, all as	es		11	942

\*Estimate - based on average percent of divisional total. Totals for previous weeks include reported corrections.



### INTERNATIONAL NOTES - QUARANTINE MEASURES

### Immunization Information for International Travel 1963-64 Edition Public Health Service Publication Na. 384

The following information should be added to the list of Yellow Fever Vaccination Centers in Section 6:

Page 69

City:

Santa Ana, California

Center:

Orange County Health Department

Clinic Hours:

Wednesday, 2:00 p.m.

Fee:

No

The following correction should be added to the list of Yellow Fever Vaccination Centers in Section 6:

Page 73

City:

Albuquerque, New Mexico

Center:

Lovelace Clinic

4800 Gibson Blvd., S.E.

Telephone 265-1211 Ext. 362

Clinic Hours:

Friday, 2:00 p.m.

Fee:

Yes

In addition to the established procedures for reporting morbidity and mortality, the Cammunicable Disease Center welcames accounts of interesting autbreaks or cases. Such accounts should be addressed to:

> Lowrence K. Altman, M.D., Editar Morbidity and Martality Weekly Report Communicable Disease Center Atlanta, Georgia 30333

Nates: These provisional data are based an weekly telegrams to the Communicable Disease Center by the Individual State health departments.

Symbols: --- Data nat available

Quantity zero

Procedures for construction of various martality curves may be obtained from Statistics Section, Communicable Disease Center, Public Health Service, U. S. Department of Health, Education, and Welfare, Atlanta, Georgia 30333.



Official Business

HEALTH, EDUCATION, AND WELFARE Communicable Disease Center PUBLIC HEALTH SERVICE Atlanta, Georgia 30333 S. DEPARTMENT OF

The Marbidity and Martality Weekly Repart, with a circulation of 10,800 is published by the Cammunicable Disease Center, Atlanta, Georgia.

Chief, Communicable Disease Center Chief, Epidemialogy Branch Chief, Statistics Section Asst. Chief, Statistics Section

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POSTAGE AND FEES PAID
U. S. DEPARTMENT OF H. E.

\*